



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

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TECH CENTER 1600/2900

In Re Application of:

David Shiuan

Serial No.: 09/752,957

Filed: January 2, 2001

Group Art Unit: 1652

Examiner: Kerr, Kathleen M.

Docket No. 0231-5024US
(TKHR Docket No.: 251410-1010)

For: **Yeast With High Biotin Productivity And The Preparation Method Thereof**

SECOND RESPONSE (WITH AMENDMENTS)

Commissioner for Patents
Washington, D.C. 20231

Sir:

The Office Action mailed *July 10, 2003* (Paper No. 13) has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

AUTHORIZATION TO DEBIT ACCOUNT

It is not believed that extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): David Shiuan

NOV 03 2003

Docket No.

023-5024US

(TKHR Docket No.: 251410-1010)

Serial No.
09/752,957

Patent & Trademark
January 2, 2001

Examiner
Kerr, Kathleen M.

Confirmation No.
9947

Group Art Unit
1652

Invention: y

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Commissioner for Patents
Mail Stop
P.O. Box 1450
Alexandria VA 22313-1450

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Transmitted herewith is Second Response (with Amendments) in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6 -	16 =	0	X \$18.00	\$ 0.00
INDEP. CLAIMS	1 -	3 =	0	X \$86.00	\$ 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$290.00
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> 55.00	2 ND MONTH <input type="checkbox"/> 210.00	3 RD MONTH <input type="checkbox"/> 475.00	4 TH MONTH <input type="checkbox"/> 740.00	\$55.00
Other Fees:					\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$55.00

- ☐ No additional fee is required for the type of document.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$55.00.
- ☐ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. _____. A duplicate copy of this page is enclosed.

Cynthia J. Lee
Cynthia J. Lee, Reg. No. 46,033

10/30/03
Date